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Chief Executive Officer

September 9, 2014

To: Supervisor Don Knabe, Chairman
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Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
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TRANSMISSION OF A REPORT EVALUATING THE SOUTH SPECIAL PILOT PROJECT

Background

This memo transmits an evaluation prepared by the Chief Executive Office's Service Integration Branch (CEO/SIB) on the South Special Pilot Project which tested the effectiveness of a Supplemental Security Income (SSI) advocacy partnership between the Department of Public Social Services (DPSS) and St. John's Well Child and Family Center (St. John's), a Community-Based Organization (CBO) providing low-cost health and health advocacy services to clients in South Los Angeles County. The piloted partnership ran from September 2012 through January 2014 and was designed to assess whether the provision of enhanced SSI advocacy services to a randomly-selected group of disabled General Relief (GR) recipients in DPSS' South Special District would improve outcomes of the SSI application process.

In addition to the regular SSI advocacy services DPSS provides to GR recipients who are unemployable due to enduring physical and mental disabilities, applicants selected for participation in the South Special Pilot received ancillary application support, including the establishment of 'medical homes' for those who did not have them, comprehensive reviews of all medical documents from physicians and clinicians, assistance with document retrieval, guidance in completing Social Security Administration (SSA) paperwork, and transportation to health and official SSA appointments.

Pilot Results

Statistical analysis conducted for the attached report shows that participation in the South Special Pilot Project had little effect on the SSI application process. This process was not faster for pilot participants by comparison with a similarly-composed control group, and those targeted for the added advocacy services through St. John's were neither more nor less likely to gain approval for SSI. More specifically:

- No meaningful difference was found in the proportions of the observed pilot and control group participants who submitted SSI applications over the study period for the evaluation (64 percent for the pilot group and 65 percent for the control group.)
- Additionally, an event history analysis of the mean duration of time from an applicant's initial meeting with an SSI Advocate at DPSS to obtaining a decision on an SSI application was slightly shorter for the pilot group (23 months for the pilot group versus 24 months for the control group), but the difference is not statistically significant.
- Similarly, although a simple descriptive comparison reveals a nominally favorable success rate for SSI applications submitted by those who did not participate in the pilot (18 percent of control group applications gained approval over the study period versus 12 percent of pilot group applications), a deeper statistical analysis controlling for the effects of other variables indicates that pilot participation had neither a positive nor negative effect on the likelihood of an applicant gaining approval for SSI.

Policy Recommendations Based on Interviews with DPSS, St. John's, and SSI Applicants in the Pilot and Control Groups

Although the SSI advocacy partnership between DPSS and St. John's did not yield the hoped-for benefits in DPSS' South Special District, the general concept guiding the pilot is intuitively sound insofar as the provision of enhanced and more personalized advocacy services, if designed and implemented properly, can be expected to yield positive outcomes. For this reason, the attached report also includes a series of policy recommendations - informed by interviews CEO/SIB conducted with SSI advocacy staff and program administrators from DPSS, staff at St. John's, and SSI applicants in the pilot and control groups – which focus on how such a partnership might be attempted again based on lessons learned from the initial pilot. The key recommendations are as follows:

- *Take further steps to involve DPSS' SSI advocacy staff in the organization and implementation of future advocacy partnerships, and solicit staff feedback on overall program design.*
- *Consider the feasibility of revisiting an alternative type of advocacy partnership, similar to what DPSS initially planned to test in its Rancho Park District, where the contracted CBO would be charged with handling entire SSI cases (as opposed to the more limited provision of ancillary services), thereby lessening the caseload burden of DPSS' SSI Advocates and enabling them to provide more comprehensive services to the applicants in their caseloads.*
- *Assess the workability of an earlier and more proactive initial touch point between SSI applicants and the CBO – e.g. immediately after a disabled recipient's medical examination for the GR work exemption - in order to improve the efficiency and effectiveness of advocacy partnerships.*
- *Take additional steps to explain the services available to participants referred to the partnering organization and explain how the services can be accessed.*
- *Consider the feasibility of facilitating access to the services available through the pilot by extending the co-location of workers from the partnering CBO at DPSS District Offices.*
- *Based on previous research conducted by the CEO showing that the SSI application process can take between two and three years to complete, allow enough observation time to assess the outcomes and effectiveness of future piloted advocacy partnerships.*

Next Steps

Transitions from GR to SSI shift much of the burden of responsibility for the well-being of permanently disabled recipients to the State and Federal governments. As such, these transitions are beneficial to both the recipients themselves and the County more generally. Finding innovative and results-tested ways to improve the likelihood that the applications submitted gain approval is therefore consistent with the County's goal of taking constructive steps towards decreasing dependence on GR, a program that is not designed to be a permanent source of income support. Although DPSS' advocacy partnership with St. John's did not produce direct benefits for DPSS and the SSI applicants who participated in the South Special Pilot Project, the information produced in testing and evaluating the pilot highlighted the importance of issues such as the involvement of advocacy staff in program design, the importance of providing clients with clear explanations of the services available to them, and the benefits of setting up

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clear channels of communication with partnering organizations. This information will be valuable to DPSS, and can inform future attempts to implement program enhancements designed to boost the proportion of unemployable GR recipients who gain approval for SSI.

If you have any questions, please contact Antonia Jiménez at (213) 974-7365, or via email at ajimenez@ceo.lacounty.gov

WTF:AJ
CDM:MS:am

Attachment

c: Executive Office, Board of Supervisors
 County Counsel
 Public Social Services

Transmission of a Report Evaluating the South Special Pilot Project - Board Memo – September 9, 2014

The South Special Pilot Project:

**An Evaluation of Department of Public Social Services' Supplemental Security
Income Advocacy Partnership with
St. John's Well Child and Family Center**

**Los Angeles County
Chief Executive Office
Service Integration Branch**

September 2014

Submitted to:
County of Los Angeles, Department of Public Social Services
Project Officer: Michael Bono, Ph.D.

Summary

Between September 2012 and January 2014, the Department of Public Social Services (DPSS) piloted an advocacy partnership in its South Special District with St. John's Well Child and Family Center to test whether the provision of enhanced Supplemental Security Income (SSI) services to a randomly-selected group of disabled General Relief (GR) recipients would improve outcomes of the SSI application process. DPSS typically provides advocacy services to recipients who are unemployable due to enduring physical and mental disabilities. Since these types of recipients are not subject to time limits on receipt of cash aid, the County has incentive to maximize transitions from GR to SSI, which shift responsibility for the material welfare and health of those with permanent disabilities to the State and Federal governments. In addition to DPSS' regular advocacy services, applicants selected for pilot participation received ancillary application support, including the establishment of 'medical homes' for those who did not have them, comprehensive reviews of all medical documents from physicians and clinicians, assistance with document retrieval, guidance in completing Social Security Administration (SSA) paperwork, and provision of transportation services to health and official SSA appointments.

Statistical analysis conducted for this report shows that participation in the pilot had little effect on the SSI application process. This process was not faster for pilot participants by comparison with a similarly-composed control group, and those targeted for the added St. John's services were neither more nor less likely to gain approval for SSI. However, while deeper quantitative analysis does not reveal anything preventing beneficial effects the pilot may have otherwise had, qualitative evidence collected from interviews conducted with applicants in both the pilot and control groups, as well as with staff and administrators at DPSS and St. John's, provide some process-related clues as to why the advocacy partnership did not yield the hoped-for results. For example, interviews suggest that the pilot never overcame reservations DPSS advocacy workers had about its purpose or benefits. In connection with this, communication and coordination between DPSS and St. John's was at times difficult, and the flow of applicants between DPSS and St. John's may not have been arranged so as to maximize the efficiency and effectiveness of the services provided by the CBO. At the same time, remarks made by applicants in the pilot group suggest varying degrees of awareness about the services made available through the pilot.

While pilot participation was neutral with respect to the SSI application process, the general concept guiding the utilization of Community-Based Organizations (CBOs) to provide more personalized and effective advocacy services, and to relieve some of the workload for which DPSS' Advocates are responsible, is intuitively sound. With their deep community connections, as well as the relative flexibility they are afforded in performing their work, CBOs such as St. John's possess characteristics and assets that can be leveraged in attempting to enhance SSI advocacy. For these reasons, the concluding section of this report provides recommendations for steps that can be taken to heighten the effectiveness of any similar advocacy partnerships DPSS might attempt in the future.

Background

This report evaluates the effectiveness of the South Special Pilot Project, which was tested as part of the Department of Public Social Services' (DPSS) ongoing efforts to enhance the advocacy services offered to permanently disabled General Relief (GR) recipients applying for the federal Supplemental Security Income (SSI) program. GR provides indigent adults who have no other means of income support with \$221 in monthly cash assistance. While employable recipients are mandated to participate in welfare-to-work activities and are time limited in their receipt of monthly cash aid, recipients who are unemployable due to physical or mental disabilities receive exemptions from work requirements, and they are eligible to receive cash aid for as long as they can demonstrate that their disabilities prevent them from working, unless and until they gain approval for SSI, which they are required to apply for after they are determined to be potentially eligible for SSI by a DPSS SSI Advocate. When permanently unemployable GR recipients gain approval for SSI, the monthly cash aid they receive through GR is replaced by a federally-funded monthly cash grant that is almost four times higher (\$877.40). Additionally, those approved for SSI become eligible for health coverage through California's Medi-Cal program, in which case the State assumes payment for health services previously funded through the County.

The Enhanced Advocacy Services Offered through the South Special Pilot

The advocacy services DPSS provides to permanently unemployable GR participants are grouped under the Department's SSI and Medi-Cal Advocacy Program (SSIMAP). During the period from September 2012 through January 2014, DPSS piloted an advocacy partnership in its South Special District with St. John's Well Child and Family Center, a Federally Qualified Health Center operating as a Community Based Organization (CBO). Pre-dating the implementation of the pilot, St. John's has been a medical examination provider for the GR program in some DPSS districts, including South Special.

The South Special Pilot partnership was designed to bolster work performed by DPSS' *SSI Advocates* with additional work from St. John's staff, who for the purposes of the pilot project were referred to as *Advocate Aides*. In particular, the pilot was intended to leverage the CBO's familiarity with both the GR population and community resources not offered through DPSS. In its written materials on the pilot, DPSS noted that the partnership with St. John's was designed to help potentially eligible participants "overcome barriers in the application process." The services the Advocate Aides provided under the pilot included the following:

- Comprehensive reviews of all supporting medical and mental health documents from physicians and clinicians, as well as assistance with document retrieval.
- Assistance in the completion of forms sent to applicants from the Social Security Administration (SSA);

- Provision of needed transportation services to health and official SSA appointments (e.g. hearings and conferences);
- Facilitation of access to ancillary services (e.g. radiology, laboratory and pharmacy services);

Evaluating the South Special Pilot

Over the 16-month pilot period, DPSS randomly selected 318 unemployable GR recipients in the South Special District to receive added SSI advocacy services through St. John's. New participants were added to the pilot from September 2012 through October 2013, with St. John's providing its services through January 2014.

In addition to the group of 318 GR recipients selected for the South Special Pilot Project, DPSS assembled a control group of 319 disabled recipients for comparative purposes, who only received the advocacy services typically offered through SSIMAP over the same period. In programmatic terms, *the pilot group received advocacy services through both St. John's and DPSS, whereas the control group simply received the normal advocacy services through the department.* Comparisons between the two groups structure much of the analysis provided in this report.ⁱ

Data and Methods

Quantitative data for both groups were obtained by extracting administrative records of their time on GR from DPSS' Los Angeles Eligibility Automated Determination Evaluation and Reporting (LEADER) system (September 2010-January 2014), and by extracting SSI administrative records stored in the Chief Executive Office's Enterprise Linkages Project (ELP) data warehouse (September 2012-January 2014). The data are analyzed using descriptive statistical methods, event history analyses that control for time and other variables, and regression modeling.ⁱⁱ

Qualitative data for this study were obtained from focus-group interviews conducted with SSI Advocates and SSI Supervisors working at the South Special District Office, Advocate Aides employed by St. John's, and SSI applicants in both the pilot and control groups. Additional and less formal interviews were conducted at DPSS headquarters with administrative staff familiar with the design and implementation of the pilot program.ⁱⁱⁱ

The Basic Composition of the Pilot and Control Groups

Comparisons of demographics, average periods of GR receipt, and monthly employment status show that the pilot and control groups are similar. The control group is slightly older on average (44 versus 43 years of age for the pilot group), but the difference is not statistically significant. Both groups are 62% male. The pilot group is 36% Black, 32% Hispanic, and 21% White, with the remaining 11% spread across other racial/ethnic categories. Small differences

between the two groups in their racial and ethnic compositions are not statistically significant. For both the pilot and control groups, the average cumulative length of time participants were classified in one of the GR program's *unemployable* status categories dating back to January 2011 was 15 months, and the average length of GR spell was 13 months.^{iv}

SSI Applications: A Descriptive Comparison of Submissions and Outcomes

Table 1 provides descriptive information on SSI applications submitted by participants in the pilot and control groups between September 2012 and January 2014.^v

Table 1. SSI Applications: Submissions and Approvals, September 2012 to January 2014

	Pilot	Control
Submitted SSI Application		
Count	147	169
%	64%	65%
Gained Approval for SSI		
Count	17	30
% of apps submitted	12%	18%
% of group	7%	11%

Source: ELP; DPSS, LEADER.

While just under two-thirds of both the pilot and control groups submitted SSI applications within the study period, a *nominally* higher proportion of the control group, as well as of the applications submitted by those in the control group, were approved for SSI. However, the reader is cautioned that the results presented in Table 2 are *descriptive* in nature and do not control for the varying amounts of time over which applicants were in SSIMAP, or the time over which their applications were under review. Subsequent sections of this report will control for time and provide a more rigorous analysis of the relationship between pilot participation and both the likelihood of submitting an SSI application and gaining approval for SSI.

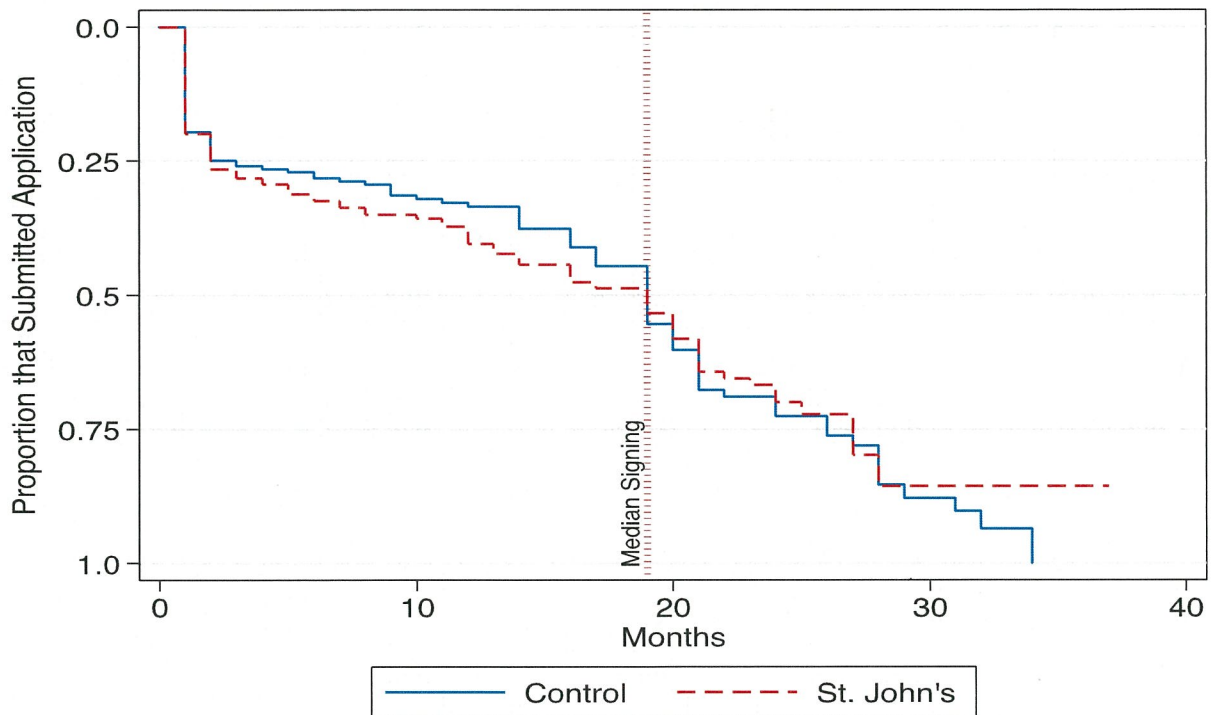
A Comparison of the Time Needed to Submit SSI Applications and Obtain Decisions

Previous research on GR recipients and SSI advocacy has shown that the amount of time required to prepare an application – which includes gathering medical documentation, creating medical records with doctor visits in cases where required documents do not yet exist, completing the required paperwork, obtaining a decision on the application from the SSA, and engaging with the various levels of appeals after applications are initially denied - is one of the most difficult challenges in providing advocacy services. Given this prolonged process, one question to address is whether participation in the South Special Pilot made a difference in the amount of time needed to submit an SSI application.

From Referral to SSI Advocacy to Submission of Applications

Event history modeling, which controls for the amount of time that GR recipients are involved in the SSI application process, shows that pilot participation neither positively nor negatively affected the time required to submit an SSI application. Figure 1 shows the results of an event history analysis of the number of months from a GR recipient's first meeting with an SSI Advocate at DPSS to the submission of an application. The figure tracks all clients from zero months until their application is signed. The broken red line tracks the pilot group and the blue solid line tracks the control group.

Figure 1. Number of Months from Initial Meeting with SSI Advocate to Signing an SSI Application

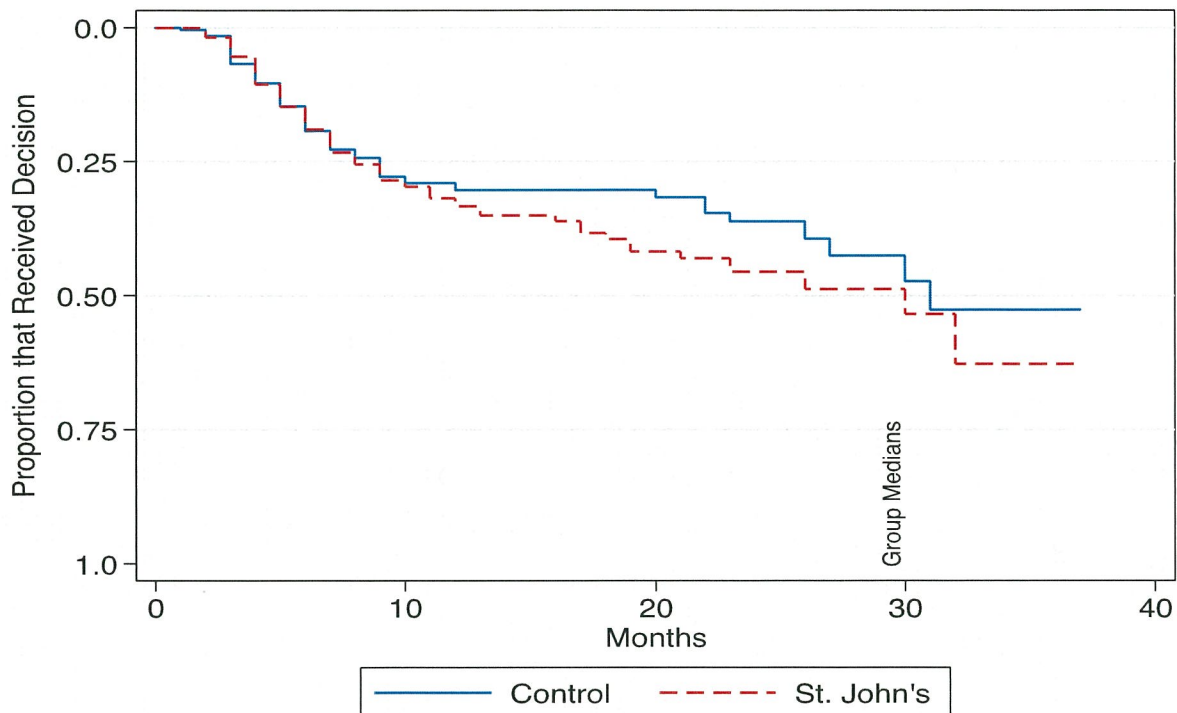


- The median time from the initial meeting with an SSI Advocate at DPSS to the signing (i.e. submission) of an SSI application is 16 months for both the pilot and control groups.
- The confidence intervals for each group overlap, which indicates that participation in the pilot did not have a statistically significant effect on the amount of time pilot participants took to sign their SSI applications. The coefficients produced by the survival model are provided in the technical appendix to this report.^{vi}

From Referrals to SSI Advocacy to Decisions on Applications: The Duration of the Process as a Whole

Figure 2, which shows the number of months from referral to SSI Advocacy to any decision on an application, positive or negative, measures whether pilot participation had an effect on the duration of the application process as a whole.

Figure 2. Number of Months from Initial Meeting with SSI Advocate to Any Type of Decision



- The median duration of time from the initial meeting with an SSI Advocate at DPSS to obtaining a decision on an SSI application was slightly shorter for the pilot group (23 months, versus 24 months for the control group), but the two groups do not differ to an extent that is statistically meaningful.
- In short, pilot participation had no effect on the average duration of the SSI advocacy and application processes as whole.

Testing Statistical Explanations for Unexpected Pilot Results

Previous research conducted by Los Angeles County's Chief Executive Office (CEO) found that DPSS' SSI Advocates, due to their large caseloads, are often unable to provide applicants more than the attention required to complete the initial SSI paperwork submitted to the SSA.^{vii} This paperwork sets a process in motion that, with denials and the various stages of the appeals

process, can take as long as three years to be resolved.^{viii} This is especially significant given the characteristics of the applicants, i.e. DPSS clients with physical and mental disabilities, as well as limited financial resources, who frequently face difficulties navigating the complex and protracted application process. Given these challenging circumstances, the statistical insignificance of participation in the South Special Pilot on the time needed to prepare, submit and obtain decisions on SSI applications is counterintuitive. Similarly, as shown below, participation did not make applicants any more or less likely to be approved for SSI. Since these results are unexpected, an additional question to be asked is whether other variables affected the application process and its outcomes.

Table 2 shows the results of three regression models that were constructed to assess three aspects of the SSI application process: (i) *Submission of an SSI application*; (ii) *approval for SSI*; and (iii) *any decision on the application*, which includes both approval and denial. The columns in this table are regression event-history models that control for all variables listed.^{ix} These models account for the amount of time in which applicants could possibly have been approved for SSI.

The analysis of “any decision” considers factors that could potentially make any outcome more or less likely in a context where a majority of cases are not resolved during the study period. No measured factor makes the resolution of a case more likely, including participation in the South Special Pilot Program.

Table 2. The Effects of Pilot Participation and Other Variables on the SSI Application Process*

Variable	Submission of Application	Approval for SSI	Any Decision
Pilot Participation	Ø	Ø	Ø
Gender	Ø	Ø	Ø
Age	Ø	+	Ø
Total Months on GR	-	-	Ø
Employable Status	-	-	Ø

***Key to influence of variables on observed outcomes^x**

+ = Positive Effect	- = Negative Effect	Ø = No Effect
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- Table 2 shows that pilot participation had no effect on the observed outcomes of the SSI application process, even when controlling for the other variables.
- Additionally, none of the measured independent variables made an approval or denial more likely when the two outcomes are considered together (‘any decision’). However, older applicants were more likely to gain approval for SSI.^{xi}

- Each additional month on GR receipt significantly reduced the odds of submitting an SSI application and of an applicant gaining approval for SSI, regardless of whether GR participants were in the pilot or control group. Any month that these participants were in the GR program's employable status also significantly decreased the odds that they would apply for SSI.^{xii} These results are consistent with previous research done on disabled GR participants and the SSI application process in Los Angeles County.^{xiii}
- Further examination indicates that the particular SSI Advocate assigned to a case may make a difference in the amount of time required to submit an application and to resolve a case. However, applicants frequently receive services from more than one Advocate over the course of the application process, which creates difficulties in attempting to parse the impact individual Advocates have on cases.
- While the pilot itself did not affect the SSI application process in a statistical sense, findings with respect to age, GR receipt, and employment status can inform future efforts to build advocacy partnerships and enhance DPSS' SSI advocacy services. This is discussed in the concluding section of this report.

Qualitative Explanations for Unexpected Pilot Results

The quantitative analysis of administrative records provides little in terms of *statistical* explanations for the counterintuitive pilot results.^{xiv} However, qualitative analysis based on interviews conducted with SSI advocacy staff working in DPSS' South Special District Office, as well as Advocate Aides working at St. John's, SSI applicants in both the pilot and control groups, and program administrators at DPSS, offers clues as to why the pilot did not have comparatively beneficial effects for SSI applicants who received added advocacy services through St. John's.

Explaining the Purpose and Objectives of the Pilot to SSI Advocacy Staff at South Special

- DPSS program administrators noted that the initial Administrative Directive documents (ADs) for the pilot program were shared with SSI advocacy staff members at South Special, who were asked to provide comments and suggestions. According to the administrators, however, very little feedback was offered, which the administrators felt was connected to the Advocates' fear that the pilot was intended as a first step in outsourcing their jobs. According to the administrators, multiple attempts were made to reassure the Advocates that their jobs were safe, but the pilot never recovered from the Advocates' apprehensions.
- At the same time, interviewed members of DPSS' SSI advocacy staff working in South Special District Office were generally in agreement that, in the initial stages of the pilot, a more thorough explanation of the purpose of the partnership with St. John's, as well as of the value the partnership would add to the SSI advocacy process, would have been helpful.

Explaining the Purpose and Objectives of the Pilot to SSI Applicants

- Focus group interviews with pilot participants revealed divergent degrees of awareness about the pilot. One participant said that St. John's was in contact with him shortly after his initial meeting with an SSI Advocate, and that St. John's continually followed up with responsive engagement throughout the SSI application process. Several others said their SSI Advocates at South Special told them about the pilot but then they never heard from St. John's. One participant claims to have called St. John's in order to initiate contact but the call was not returned. Two participants who were recruited for focus group interviews from the list of pilot participants had no awareness about the pilot or that they were selected to receive the added SSI advocacy services from St. John's.
- One Advocate Aide from St. John's added that when she established contact with pilot participants for the first time, 'most of the time (they) did not know that they were in a pilot program, and when we would call them it was the first time they even knew they had an open SSI claim.'

The Flow of Pilot Participants between DPSS and St. John's

- One SSI Advocate at South Special said that St. John's dual role as medical examiner for the GR program and provider of enhanced SSI advocacy services could have been leveraged more effectively if the initial recipient touch point with the Advocate Aides had been immediately after the GR medical examination, as opposed to several months later, after meeting with an SSI Advocate at DPSS. In the words of the Advocate, "St. John's gives them the exemption (from GR work requirements), and then the participant comes back to us when they hit their 12 to 18 months (of receiving a GR work exemption).^{xv} At that point, we refer them back to St. John's if they need help with anything like transportation or documentation." The Advocate added that an earlier touch point with an Advocate Aide would enable a more proactive approach to the advocacy process, where medical documentation could be obtained to support the *eventual* submission of an SSI application. Instead, in the words of the Advocate, "the time they (recipients) spend getting the exemption is dead time. We basically have to start over when they come to us."
- An Advocate Aide noted that St. John's staff spent a limited amount of time co-located at the South Special District Office in order to affect a 'warm hand off' from DPSS to St. John's. According to the Advocate Aide, this enabled St. John's to establish immediate contact, build trust with pilot participants, answer questions, and explain the added services to be provided. The Advocate Aide noted that this co-location should be a required feature of any similar collaborative SSI advocacy partnership implemented in the future.

- The interviewed SSI advocacy staff at South Special uniformly agreed that the services of St. John's would have been more useful if the Advocate Aides had been asked to assume full responsibility for a portion of the Advocate caseloads, rather than providing largely ancillary services. In the words of one Advocate, "If you truly want to test it, St. John's would have all of it, meaning they do the claims and they do everything."
- However, DPSS program administrators noted that an additional SSI advocacy pilot planned for the Rancho Park District would have tested an arrangement in which the contractor would have been used to handle full cases in the manner suggested above by the Advocates. This second pilot would have made it possible to compare SSI outcomes for the control groups with outcomes for (a) cases where applicants received *combined* advocacy services from the contractor and DPSS (i.e. the South Special model), and (b) cases where the contractor would provide all advocacy services for a portion of the SSIMAP caseload (i.e. the initial Rancho Park model). However, the Request for Proposals to provide these advocacy services in the Rancho Park District received no interest from CBOs. Subsequent efforts to retain the services of two CBOs created advocacy partnerships with each, but the nature of the work provided by these organizations differs from what was initially planned as neither organization assumes full responsibility for a portion of the SSI advocacy caseload in the Rancho Park district.^{xvi}

Communication and Collaboration between DPSS and St. John's

- Remarks made in interviews with SSI advocacy staff at South Special suggest that their interaction with St. John's was minimal throughout the pilot. According to one worker, the relationship with St. John's was cordial but, "the interaction between the (DPSS) worker and the (St. John's) Aide is very little, other than, 'can you help them with transportation?'"
- Staff at St. John's said that communication and cooperation with DPSS was difficult at first and there were "growing pains," but the relationship improved over time. As one Advocate Aide said, "we have been able to get to a place where there is an understanding."
- One Advocate Aide from St. John's said that timelier updates from DPSS on pilot participants who move out of state, or who have otherwise discontinued receiving services through DPSS, would have helped the Advocate Aides eliminate the unnecessary effort involved in attempting to locate those who are no longer DPSS clients. Similarly, the Advocate Aide felt DPSS could be timelier in informing St. John's when SSI applicants receive a denial from the SSA. The Advocate Aide felt that receiving this information earlier would enable more thorough preparation for the appeals process, for which applicants have 60 days from the date of the initial denial to prepare.

- When asked to identify the pilot's best practices, one Advocate Aide noted that in-person meetings between advocacy staff at DPSS and Advocate Aides at St. John's were productive and provided a forum in which to clarify procedures and identify aspects of the partnership that required attention. The Advocate Aide also noted that these joint meetings helped foster a sense of common purpose. The Advocate Aide questioned why these meetings were eventually discontinued and added that any similar collaborations in the future should feature regular meetings between organizations.
- Program administrators at DPSS noted that, in spite of the difficulties in coordinating DPSS and St. John's, the transportation services offered by St. John's were of great value in transporting pilot participants to medical appointments and SSI-related meetings.

Pilot and Control Group Participants and the SSI Application Process

- Although interviewed applicants in the control group were diverse in the way they described the SSI advocacy services they received through DPSS, they generally agreed that the application process is complicated and that their encounters with DPSS' SSI advocacy staff were impersonal. One applicant said the Advocate is cordial and polite but should provide more information on the status of the application. Additionally, several of these control group participants noted that they need more information to fully grasp the requirements – those imposed by both DPSS and the SSA – that they are compelled to follow in applying for SSI and in appealing initial denials.
- As noted above, the pilot participants interviewed for this report evinced varying degrees of awareness about the pilot and the services available to them through St. John's. Among those who knew they were selected for the pilot, one applicant said that the services St. John's provided, and the time the Advocate Aide took to explain procedures and assist with paperwork, were very helpful. This applicant said he has 'no complaints whatsoever' about St. John's and recommended their services to another applicant in the focus group who was unaware of having been selected for the pilot. Another pilot participant received the services but did not know whether these services were helpful or not. A third said that St. John's did not respond to phone calls or provide the services described by the SSI Advocate handling the case.

Conclusion: Lessons Learned and Policy Recommendations

The SSI advocacy partnership between DPSS and St. John's Well Child and Family Center did not yield the hoped-for benefits in DPSS' South Special District. However, the general concept guiding the pilot is intuitively sound insofar as the provision of enhanced and more personalized advocacy services, if designed and implemented properly, can be expected to yield positive outcomes.^{xvii} For this reason, the policy recommendations discussed below focus primarily on how such a partnership might be attempted again based on lessons learned from this initial pilot.

Recommendation 1: *Take further steps to involve SSI advocacy staff in the design, organization and implementation of future advocacy partnerships, and solicit staff feedback on overall program objectives.*

Administrators at DPSS point out that SSI advocacy staff at South Special were given an opportunity to help shape the pilot design, but requests for feedback on the ADs drafted for the pilot were largely ignored, possibly due to the perception that the pilot's real objective was to explore the possibility of outsourcing SSI advocacy to CBOs in the future. If a similar SSI advocacy partnership is attempted again, DPSS might consider taking further steps to solidify 'buy in' from staff who work with SSI applicants on a daily basis, have direct familiarity with the application process, and can provide valuable feedback on how to improve the efficiency of the process and the strength of the applications submitted to the SSA. One way this might occur is to request programmatic and procedural suggestions from advocacy staff *prior* to presenting them with drafts of ADs, in which case the advocacy workers would see their input in the subsequently drafted documents and have a more tangible sense that their feedback contributed in a concrete way to the program design. Additionally, administrators should be proactive in offering reassurances about job security questions so that the program is not hobbled by employee reservations from the start.^{xviii} An advocacy partnership is more likely to be successful if it reflects the knowledge and experience of the staff involved and addresses their concerns and challenges.

Recommendation 2: *Consider the feasibility of utilizing partnering organizations to lessen the caseload burden of the SSI Advocates.*

The initially-planned Rancho Park variant of the SSI advocacy pilot – where a CBO would have been asked to handle entire SSI cases, thereby giving SSI Advocates some measure of caseload relief – would have provided DPSS with valuable comparative information. DPSS might consider revisiting this concept in an effort to find out if utilizing a CBO in this fashion would yield more favorable results than what was observed in the South Special District. SSI advocacy staff working in South Special noted that the pilot did not address the limitations that their large caseloads place on the service they are able to provide to applicants.^{xix} As such, the partnership unintentionally created more work for the SSI Advocates because they were asked to manage the same number of clients as well as the relationship with the Advocate Aides at St. John's. Rather than limiting the role of Advocate Aides to the provision of ancillary services, a future partnering organization could be asked to assume full responsibility for a portion of the Advocate caseloads, from the initiation of the claims process to its conclusion. Deploying the Advocate Aides in this way could enable both DPSS and the partnering organization to provide more effective services to SSI applicants.^{xx}

Recommendation 3: *Assess the workability of an earlier initial touch point between SSI applicants and Advocate Aides in order to improve the efficiency of advocacy partnerships.*

Interviewed SSI Advocates suggested that the partnership with St. John's would have been more effective if the Advocate Aides began working with pilot participants immediately after their medical examination for GR work exemptions. An earlier touch point with Advocate Aides would entail earlier identification of the GR recipients selected to receive the enhanced advocacy services and, in turn, might require that referrals to SSIMAP in general take place earlier in the GR process. DPSS might consider assessing the workability of these changes in an effort to gather information that could lead to more efficient partnerships in the future.

Recommendation 4: *Take additional steps to explain the services available to participants referred to the partnering organization for enhanced SSI advocacy services.*

Focus group interviews with pilot participants revealed uneven levels of awareness of the pilot, i.e. the pilot's purpose, the services it made available, and how pilot participants could communicate with St. John's. Much of this is to be expected given the itinerant nature of the GR population and the challenging barriers faced by those applying for SSI. Nevertheless, an advocacy partnership is not likely to yield positive results if participants are not aware of the services available to them or how to access these services. DPSS might consider offering more in-depth training to the Eligibility Workers and/or SSI Advocates charged with explaining the role of the Advocate Aides to GR participants who are referred to both SSIMAP and any partnering organization in the future.

Recommendation 5: *Assess the challenges resulting from the way communication was organized between DPSS and St. John's so that future partnerships are better coordinated with respect to mutual knowledge of applicants selected for receipt of enhanced advocacy services.*

The focus group interviews conducted for this report suggest that the pilot's results may have been affected by difficulties related to coordination between DPSS and St. John's. As a preliminary step in attempting future partnerships, DPSS might further assess how communication with St. John's was organized in order to ensure that all those involved in the partnership have a coordinated understanding of applicants selected for receipt of enhanced advocacy services.

Recommendation 6: *Establish a regular time for DPSS' SSI advocacy staff to meet with the Advocate Aides at the partnering organization.*

When asked to identify the pilot's best practices, an Advocate Aide pointed to the regular meetings between St. John's and DPSS. The Advocate Aide did not know why this practice was discontinued because it provided an effective forum to discuss mutually beneficial steps that could be taken to improve the effectiveness of the partnership. Many of the difficulties discussed in the focus groups with St. John's and DPSS could be resolved in regular meetings

scheduled specifically to identify and rectify process-related issues, including the need for DPSS to provide more timely updates to St. John's on the status of SSI applications, unnecessary duplication of work and etc. More generally, the effectiveness of future advocacy partnerships would benefit from these regular meetings because they foster communication and a sense of teamwork and understanding across differing work cultures.

Recommendation 7: *Consider the feasibility of co-locating the Advocate Aides at DPSS District Offices on a permanent basis.*

Interviewed Advocate Aides from St. John's suggested that the effectiveness of their work was enhanced during the period when they were co-located at the South Special District Office. Making this co-location a permanent feature of future partnerships would help address some of the logistical issues discussed in interviews with pilot participants, such as difficulties some had in contacting Advocate Aides and a lack of awareness of the services available through the pilot. Additionally, St. John's staff noted that co-location simplified the 'hand off' of applicants from DPSS to St. John's, enabling the Advocate Aides to establish contact with applicants on the same day as their initial SSIMAP appointment in order to build trust and a personalized relationship with applicants, as well as to provide immediate access to needed services.

Co-location was discontinued after St. John's was no longer taking new pilot participants, several months before the end of the pilot. However, there may be some value in making part-time co-location a permanent feature of advocacy partnerships. Establishing appointed dates and times when Advocate Aides are available at District Offices would give applicants an easier way of contacting their Aides once the SSI applications are in process. The evidence suggests that having Advocate Aides on hand in DPSS District Offices could improve the efficiency and effectiveness of the advocacy process.

Recommendation 8: *Utilize statistical findings on the effects of age, GR receipt, and employability status to inform the selection of applicants that would receive the enhanced services made available through future advocacy partnerships.*

The statistical models constructed for this report produced results consistent with previous research conducted on disabled GR participants and the SSI application process in Los Angeles County. For instance, for every month participants receive GR, they are less likely to apply for and gain approval for SSI, and any recent history of employment has a negative effect on the GR application process. At the same time, older participants are more likely to gain approval for SSI.

These findings can be used to identify target populations that would have the greatest likelihood of benefitting from any enhanced services made available through future advocacy partnerships. A useful test of these types of partnerships would be to comparatively assess application outcomes when DPSS and its partnering organizations are asked to provide services to applicants with a comparatively high probability of gaining approval for SSI.

Recommendation 9: *In evaluating future advocacy partnerships, allow enough time to assess outcomes.*

This report, as well as previous research on GR participants applying for SSI, indicate that the application process, from the initial meeting with an SSI Advocate to a final decision, regularly requires between two and three years to complete. The South Special Pilot was evaluated for 17 months, with 7% of the pilot group and 12% of the applications submitted from the pilot group gaining approval for SSI. If a similar type of advocacy partnership is attempted in the future, DPSS might consider tracking and evaluating pilot outcomes for at least three years.

Conclusion

Transitions from GR to SSI shift much of the burden of responsibility for the well-being of recipients to the State and Federal governments. As such, these transitions are beneficial to both the recipients and the County more generally. Finding innovative and results-tested ways to improve the likelihood that the applications submitted will result in approval is therefore consistent with the County's goal of taking constructive steps towards decreasing dependence on GR, a program that is not designed to be a permanent source of income support. Although DPSS' advocacy partnership with St. John's Well Child and Family Center did not produce direct benefits for the department and the SSI applicants who participated in the pilot, the information produced in testing and evaluating the pilot highlighted the importance of issues such as the involvement of advocacy staff in program design, the importance of providing clients with clear explanations of the services available to them, and the benefits of setting up clear channels of communication with partnering organizations. This information will be valuable to DPSS and can inform future attempts to implement program enhancements designed to boost the proportion of unemployable GR recipients who gain approval for SSI.

Endnotes

ⁱ Please that this report's statistical analyses are based on *samples* of the pilot and control groups (pilot sample N=245, Control N=282). These samples are additionally the numbers of recipients in each group from which focus group interviewees were recruited. The smaller sample sizes are due to the point in time at which the data were collected and provided to SIB/CEO, shortly after St. John's stopped receiving new clients through the SSI advocacy pilot, and the lag time involved in updating the master data files for the program. The data were collected at this time to ensure that the evaluation report would be completed by its deadline. However, while the two groups are smaller than DPSS' final tallies, they are not smaller to a degree that prevents legitimate statistical generalizations to be made about the effects/non-effects of pilot participation. Additionally, the qualitative information obtained in interviews with staff at DPSS and St. John's, as well as with SSI applicants, is generally consistent with the quantitative analysis conducted of the pilot and control groups, i.e. both indicate that DPSS' piloted advocacy partnership with St. John's had little effect on the SSI application process and its outcomes. If the smaller groups had a distorting effect on the reported results, we would likely observe more notable inconsistencies between the qualitative and quantitative data.

ⁱⁱ The samples include people who are on GR at least once between September 2010 and November 2013. DPSS began referring clients to St. John's for assistance during September 2012. The total duration from which records are utilized is 38 months. The duration of the observation window for the dependent variables in the analysis – i.e. submitting an SSI application, gaining approval for SSI, etc. - is 14 months. This means that both the DPSS Control Group and the St. John's Treatment Group have clients who are 'at risk' for SSI outcomes for 14 months. All subjects in this study, in both the treatment and control groups, have a history of GR receipt prior to September 2012.

ⁱⁱⁱ In October 2013, the SIB/CEO conducted a focus group interview at the South Special District Office with six members of DPSS' SSI Advocacy staff. SIB/CEO subsequently conducted a focus group with four members of St. John's staff working on the South Special Pilot Project in November 2013. In January 2014, SIB/CEO conducted four focus groups with a total of 16 GR recipients who were in the process of applying for SSI. Ten of these recipients were in the group of SSI applicants receiving added advocacy services through the South Special Pilot and six only received advocacy services through DPSS. Finally, in March 2014, SIB/CEO conducted an informal interview with two program administrators at DPSS.

^{iv} To simplify the analysis, the recipients observed for this study were coded as 'unemployable' in a given month if their status in LEADER was anything other than "*Employable*" ("E"). The other possible statuses in LEADER are *Unemployable* ("U"), which is for those recipients who are temporarily unemployable, *Permanently Unemployable* (P), which is for those with permanent disabilities, *Needs Special Assistance* ("NSA"), which is the work exemption status given to those recipients with mental health barriers, and *Administratively Unemployable* (A), which is for recipients who are unemployable with special administrative conditions that may allow them to work in a limited capacity. In a given month, all employability statuses other than "E" have the same functional effect in terms of the GR program's work requirement, and it is for this reason that they are collapsed into one category for analytical purposes in this report. In looking at the month during which applicants were first referred to SSI Advocates at DPSS, the pilot group had a slightly higher proportion of applicants categorized as NSA (34% versus 29% for the control group), and a slightly lower proportion of applicants categorized as Temporarily Unemployable (46% versus 50% for the control group), but the regression models constructed for this report control for any effect these small differences might have on observed outcomes.

^v For reasons described above (endnote (# i)), these results are based on samples of the pilot and control groups.

^{vi} Since the observation period for the receipt of GR is September 2010 to November 2013, and the pilot program spanned from September 2012 to January 2014, the maximum number of months over which a GR recipient could be observed is 38. The Kaplan-Meier survival model controls for differences in amount of time applicants have been exposed to DPSS' SSI Advocacy services.

^{vii} CEO/SIB/Research and Evaluation Services (RES). *A Qualitative Process Evaluation of the Department of Public Social Services' Supplemental Security Income Advocacy Efforts*. September 2013.

viii CEO/SIB/RES. *Disabled General Relief Participants and the Supplemental Security Income Application Process*. January 2014.

ix Two of the control variables in these models – *Total Months on GR* and *Employable Status* – were selected based on previous research on the SSI application process, which showed them to be significant factors affecting application outcomes. (CEO/SIB/RES. *Disabled General Relief Participants and the Supplemental Security Income Application Process*. January 2014). Two additional control variables – *Age* and *Gender* – were chosen to see in order to observe whether basic demographic categories impinge on observed outcomes. The fifth variable in the model – pilot participation – was selected primarily to observe the independent effects of the pilot services but also to examine any effects of the other variables in the model with pilot participation itself serving as a control.

x A table of the regression coefficients for each of these models is provided in the technical appendix to this report.

xi For instance, a 45 year old applicant is roughly 16 times more likely to gain approval for SSI than a 30 year old applicant, all other factors equal. It should also be noted that age might be correlated with other unmeasured factors that are not included in the model. For example, federal SSI criteria might include an age component that the statistical model does not measure.

xii Additional specifying detail on the effect of each month on GR and in employable status is available in the technical appendix.

xiii CEO/SIB/RES. *A Qualitative Process Evaluation of the Department of Public Social Services' Supplemental Security Income Advocacy Efforts*. September 2013.

xiv It should be noted that one of the unavoidable limitations of this study is that there is little available documentation verifying that all pilot participants received the same types of enhanced advocacy services with the same intensity. In connection with this, evidence from the focus group interviews with SSI applicants chosen for the pilot suggests that some were not aware that they had been selected for the pilot. In short, it is not possible with the available data to determine the extent to which the services provided through St. John's were equal for all those in the pilot group.

xv It should be noted that the 12 to 18-month exemption is applicable only to those GR recipients who have been designated as *Temporarily Unemployable* for 12 out of 18 months.

xvi In a response to questions about the Rancho Park SSI Advocacy pilot, a program administrator at DPSS provided CEO/SIB with the following summary:

Per a Board Letter dated June 15, 2010, the recommendation to implement a SSI Pilot at the Rancho Park District Office was approved. The intent of the Pilot was to contract with a CBO to provide full SSI advocacy services at the initial, reconsideration, and hearing levels of the application process to all new potentially-eligible GR participants. The existing DPSS SSI Advocates would handle the current caseload and act as liaisons to the CBO. When the request for proposal received no interest from CBOs (only law offices), the Board's third District directed DPSS to reach out to two CBOs located in Los Angeles County's Westside region (St. Joseph's Center and Ocean Park Community Center [OPCC]) to determine if a Pilot could be created.

Based on the January 17, 2013 meeting with St. Joseph's Center and OPCC, an agreement was reached on the Pilot protocols. St. Joseph's and OPCC indicated that their current SSI Advocacy efforts were solid and effective and, as such, they did not see a need to collaborate with DPSS in the provision of SSI Advocacy services for shared clientele. However, after further discussion, St. Joseph's and OPCC indicated that they could benefit from DPSS' Record Retrieval services and assistance in identification of shared clients. Assistance with applying for CalFresh benefits was also of interest to both CBOs. With the change in the purpose of the Pilot, the Pilot procedures were released to all Pilot staff through an AD. The Pilot has been operational since mid-January 2013.

Through April 2014, Rancho Park has received 35 referrals from St. Joseph's and OPCC since Pilot inception. Rancho Park District Pilot staff has assisted with four SSI application submissions. One participant had their SSI benefits reinstated,

two participants were receiving CalWORKs benefits, and eight participants did not appear to their SSIMAP appointments. One participant was referred for hearing representation. SSI Advocacy is therefore not the central focus of the pilot in Rancho Park.

^{xvii} In other words, the provision of enhanced advocacy services appears, in a general and intuitive sense, to be a sound strategy for boosting the submission and approval of applications, as well as for speeding up the application process, based on what is shown in this report and previous research on GR recipients and SSI application process –i.e. that the process is protracted, the Advocates face multiple challenges in serving a population with physical and mental handicaps and limited resources, the completion of paperwork and the retrieval of medical documentation are complicated, the SSA applies highly restrictive criteria in assessing submitted SSI applications; and large caseloads place limitations on the services DPSS advocacy staff are able to provide.

^{xviii} A DPSS reviewer commenting on an earlier draft of this report notes the following: *‘GR Program administrators continuously reiterated to South Special Advocates that the Pilot was not an attempt to find a replacement for their SSI Advocacy services. Administrators stressed that the Pilot was meant to test enhancements to current SSI advocacy services by providing access to resources provided by a local CBO.’*

^{xix} However, DPSS reviewers of a previous draft of this report note that the willingness of advocacy staff to utilize partnering organizations to assume a portion of the SSI Advocacy caseload conflict with the reservations they presumably had about having their jobs contracted out to CBOs.

^{xx} A DPSS reviewer commenting on an earlier draft of this report notes the following:

‘While partnering with organizations to lessen the caseload would be a worthwhile means to compare current SSI advocacy services provided by DPSS staff, resistance from SSIMAP staff and the Union would impede the operation of a Pilot. The Pilot would be perceived as a testing ground for contracting out SSI advocacy services.’